



# Virginia Department of Health Division of Tuberculosis Control Tuberculosis (TB) Risk Assessment Form (TB 512)



Patient Name (L, F): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Social Security Number: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_ If applicable, year of US arrival: \_\_\_\_\_  
 Language(s) Spoken: \_\_\_\_\_ Interpreter needed? \_\_\_\_No \_\_\_\_Yes  
 History of Prior BCG? \_\_\_\_No \_\_\_\_Yes, specify year: \_\_\_\_\_ If female, is patient pregnant? \_\_\_\_No \_\_\_\_Yes, specify LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Drug allergies: \_\_\_\_\_

## I. Screen for TB Symptoms Check all that apply

\_\_\_\_ No Symptoms (Skip to "Screen for Infection Risk" Section)

\_\_\_\_ Cough for > 3 weeks

\_\_\_\_ Unexplained Fever

\_\_\_\_ Hemoptysis

\_\_\_\_ Unexplained weight loss

\_\_\_\_ Unexplained chest pain

If any of these symptoms are present, evaluate the patient for active TB disease. TB Skin Test may be administered as part of this evaluation.

The following symptoms are less specific for TB and should be evaluated in context.

\_\_\_\_ Anorexia \_\_\_\_ Night Sweats \_\_\_\_ Fatigue

## II. Screen for TB Infection Risk (Check all that apply)

Individuals with an increased risk for acquiring latent TB infection (LTBI) or for progression to active disease once infected should have a TST. Screening for persons with a history of LTBI should be individualized.

### A. Assess Risk for Acquiring LTBI

\_\_\_\_ Person is a current close contact of a person known or suspected to have TB disease → Name of source case: \_\_\_\_\_

\_\_\_\_ Person has lived in a country - for 3 months or more - where TB is common, and has been in the US for 5 or fewer years

\_\_\_\_ Person is a resident/employee of high TB risk congregate settings

\_\_\_\_ Person is a health care worker who serves high-risk clients

\_\_\_\_ Person is medically underserved

\_\_\_\_ Person has been homeless within the last two years

\_\_\_\_ Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories

\_\_\_\_ Person injects illicit drugs

\_\_\_\_ Person is a member of a group identified by the local health department to be at an increased risk for TB infection

\_\_\_\_ Person needs baseline/annual screening approved by health dept.

### B. Assess Risk for Developing TB Disease if Infected

\_\_\_\_ Person is HIV positive

\_\_\_\_ Person's HIV status is unknown, but has risk for HIV infection

\_\_\_\_ Person was recently infected with *Mycobacterium tuberculosis*

\_\_\_\_ Person has certain clinical conditions that place them at high risk

\_\_\_\_ Person injects illicit drugs

\_\_\_\_ Person has a history of inadequately treated TB

\_\_\_\_ Person is >10% below ideal body weight

\_\_\_\_ Person is on immunosuppressive therapy

Prior Mantoux Tuberculin Skin Test (TST)?

\_\_\_\_ No \_\_\_\_ Yes, specify Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Induration: \_\_\_\_mm

Prior TB Treatment? \_\_\_\_No \_\_\_\_Yes, complete the following:

\_\_\_\_ LTBI \_\_\_\_ TB Disease

Year of treatment: \_\_\_\_\_ Treatment Duration: \_\_\_\_\_

TB Medications taken: \_\_\_\_\_

Location of treatment: \_\_\_\_\_

## III. Finding(s) (Check all that apply)

\_\_\_\_ Previous Treatment for LTBI and/or TB disease

\_\_\_\_ No risk factors for TB infection

\_\_\_\_ Risk(s) for infection and/or progression to disease

\_\_\_\_ Possible TB suspect

\_\_\_\_ Previous positive TST, no prior treatment

## IV. Action(s) (Check all that apply)

\_\_\_\_ Issued screening letter

\_\_\_\_ Issued sputum containers

\_\_\_\_ Referred for CXR

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Referred for medical evaluation

\_\_\_\_ Administered the Mantoux TB Skin Test

*TST #1*

Arm \_\_\_\_Left \_\_\_\_Right

Date Given \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Given \_\_\_\_\_

Date Read \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Read \_\_\_\_\_

Induration \_\_\_\_\_mm

\_\_\_\_Positive \_\_\_\_Negative

*TST #2*

Arm \_\_\_\_Left \_\_\_\_Right

Date Given \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Given \_\_\_\_\_

Date Read \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Read \_\_\_\_\_

Induration \_\_\_\_\_mm

\_\_\_\_Positive \_\_\_\_Negative

Screener Signature: \_\_\_\_\_

Screener Name (Print): \_\_\_\_\_

Screener Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Primary Care Provider Phone Number: \_\_\_\_\_

Comments: \_\_\_\_\_

### A decision to test is a decision to treat.

Due to high rates of false positive TB skin test results, the Division of TB Control discourages administration of the Mantoux TST to persons who are at a low risk for TB infection.



# Virginia Department of Health Division of Tuberculosis Control

## Instructions for Tuberculosis (TB) Risk Assessment Form (TB 512)



### Purpose of Form

The Virginia Department of Health (VDH) Tuberculosis (TB) Risk Assessment (TB 512) Form is a tool for assessing and documenting a patient's TB symptoms and/or risk factors, and determining the need for further TB testing and evaluation.

### Directions for Completing the Form

- Complete this form correctly and accurately
- Print the information clearly
- Complete the patient information at the top of the form
- Complete the section on past TB skin test and/or treatment

### I. Screen for Presence of TB Symptoms

- Screen the patient for symptoms of active TB disease.
- All symptomatic individuals who have not had a positive skin test in the past should: 1) receive a TB skin test; 2) have their sputum collected; and, 3) be referred for an immediate chest x-ray and medical evaluation, regardless of the TB skin test result.
- If the patient does not have symptoms of active TB disease, proceed to Section II and assess patient's risk for TB infection and/or disease.

### II. Screen for TB Infection Risk (Check all that apply)

Section II has two subsections - Screen for Infection Risk and Assess Risk for Developing TB disease if Infected.

- If a patient possesses one or more TB infection risk items in subsections A or B, proceed to Section III and administer the TB skin test.
- If a patient does not possess risk for TB infection according to subsection A or B: 1) do not administer the TB skin test; 2) proceed to Section III; and, 3) if the patient's school, employment, etc. requires a TB screening, check "Issued Screening Letter" and provide this document to the patient.

#### **A. Assess Risk for Acquiring Risk - Definitions of Select Categories of Persons Who Are at Risk for TB Infection**

- Person is a current close contact of a person known or suspected to have TB disease --  
*Person is part of a current contact investigation, and has been identified as a high- or medium-priority contact.*
- Person is a resident/employee of high TB risk congregate settings --  
*These settings are prisons, jails, nursing homes or other long-term facilities for the elderly, and residential facilities for AIDS patients.*
- Person is a health care worker who serves high risk clients --  
*Screen for person's risk factors for TB infection, unless the screening efforts are part of an ongoing facility infection control program approved by the local health department.*
- Person is medically underserved --  
*Person doesn't have a regular health care provider, and has not received medical care within the last 2 years.*
- Person is a member of a group identified by the local health department to be at an increased risk for TB infection --  
*Identification is based on local epidemiology (geographic area, occupational group, etc.).*
- Person needs baseline/annual screening approved by health department --  
*Screening program that is approved by the local health dept. for facilities or individuals at an increased risk for TB infection.*
- Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories --  
*Child has foreign-born parents, or child's parents/caretakers are at high risk for acquiring TB infection.*

#### **B. Assess Risk for Developing TB Disease if Infected - Definitions of Select Categories of Persons Who Are at Risk for TB Disease if Infected**

- Person's HIV Status is unknown, but has risk for HIV infection --  
*Offer HIV test. Administer the TB Skin Test if the individual is at risk for HIV, and refuses the HIV test.*
- Person with clinical conditions that place them at high risk --  
*Conditions are substance abuse, chest x-ray findings suggesting of previous TB, diabetes mellitus, silicosis, prolonged corticosteroid therapy, cancer of the head and neck, leukemia, lymphoma, hematologic and reticuloendothelial diseases, end-stage renal disease, intestinal bypass or gastrectomy, and chronic malabsorption syndromes.*
- Person is on immunosuppressive therapy --  
*Person is taking  $\geq 15$  mg/day of prednisone for  $\geq 1$  month.*

### III. Finding(s) (Check all that apply)

In this section, indicate findings from the assessments in all previous sections.

### IV. Action(s) (Check all that apply)

- Indicate the action(s) to take as a result of the findings in Section III
- If administering the TB Skin test, provide all requested data for "TST #1" and if applicable, for "TST #2"
- Write other pertinent patient information next to "Comments"

#### **Additional Follow-up to the Mantoux TB Skin Test**

- If the patient's TST reaction is interpreted as positive or if the symptoms for TB disease exist, refer the patient immediately for a chest x-ray.
- Persons with a positive TB skin test in the past, but currently asymptomatic, should be referred for a chest x-ray only if they are candidates for LTBI treatment, and willing to adhere to this treatment regimen.